United States Environmental Protection Agency Office of Solid Waste (OS-312) Washington, DC 20460 EPA Form 8700-23 January 1990

Solid Waste



Application for a Hazardous Waste Permit - Part A



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY WASHINGTON, D.C. 20460

Enclosed is the application form and instructions for a Federal permit to treat, store, or dispose of hazardous waste.

The Resource Conservation and Recovery Act (RCRA) requires anyone who owns or operates a facility where hazardous waste is treated, stored, or disposed to have a permit. RCRA establishes a procedure for obtaining interim status which allows existing facilities to continue operating until a final hazardous waste permit is issued. In order to obtain interim status, existing facilities must complete a two step process. The first step is the submittal of a Notification of Regulated Waste Activity form. You will need to submit this form in order to obtain an EPA RCRA Identification Number. If you need a Notification form, please contact the appropriate State Office (see Table 1) or the EPA Regional Office which serves your area (see Table 2).

The second step is to submit the permit application form included in this package. If you do not file a Notification form and complete the permit application by the deadline specified on page 2 of the enclosed instructions, you will be required by law to halt your operations until a permit is issued.

There are two parts to a RCRA permit application – Part A and Part B. Part A is included in this package. Part B of the RCRA permit application contains detailed, site-specific information. Part B of the permit application may be submitted voluntarily, however, you are not required to submit it until it is requested by EPA or an authorized State. You will then have up to six months to submit that part of the application.

State governments may be authorized by EPA to administer hazardous waste management programs in lieu of the Federal RCRA program. You should contact your State hazardous waste management agency to determine whether your State is authorized (see Table 1). If so, you will need to comply with the specific permit application requirements of that State.

The enclosed instructions show the specific steps on how to apply for a RCRA permit. If after reading the instructions you have any questions regarding the permit application process, please contact the EPA Regional Office in your area for assistance (see Table 2).

NOTE: EPA Form 8700-23 replaces EPA Forms 3510-1 & 3 for EPA's hazardous waste (RCRA) programs ONLY. EPA Form 3510-1 is still used by EPA's Office of Water.

How To Apply For A RCRA Permit

Who Must File a RCRA Permit Application

The Resource Conservation and Recovery Act of 1976 (RCRA), as amended, requires each person owning or operating a facility for the treatment, storage, or disposal of hazardous waste to have a permit. This includes individuals, trusts, firms, joint stock companies, corporations (including government corporations), partnerships, associations, State, municipalities, commissions, interstate bodies, Indian tribes (or an authorized Indian tribe organization), and Federal Agencies. If you treat, store, or dispose of hazardous waste without obtaining a permit, you may be subject to a civil or criminal penalty.

How to Determine if you Handle Regulated Waste

OFF-SITE FACILITIES. Owners and operators of off-site treatment, storage, or disposal facilities are encouraged to obtain waste information from the generators they serve. If the generators will not supply this information, you are still responsible for determining if you handle a hazardous waste and should follow the procedures below for on-site facilities.

ON-SITE FACILITIES. Solid waste generators who treat, store, or dispose of their own waste on-site should follow the following procedures for determining if their waste is a hazardous waste. This determination is made as follows:

- 1) First, determine if the solid waste handled is excluded from regulation as a hazardous waste. The list of exclusions can be found in the regulation titled "Identification and Listing of Hazardous Waste," 40 CFR Sections 261.4 and 261.5. If the solid waste handled is excluded, a RCRA hazardous waste permit is not needed to treat, store, or dispose of these wastes.
- 2) If the solid waste handled is not excluded by Sections 261.4 or 261.5, determine if the waste is listed in Subpart D of Lists of Hazardous Wastes. Persons owning or operating facilities where listed hazardous waste is treated, stored, or disposed are subject to regulation and must file a RCRA permit application.
- 3) If the waste handled is not listed in Subpart D of Lists of Hazardous Wastes, the waste may still be hazardous because it possesses certain characteristics or contains certain contaminants. These characteristics and contaminants are contained in Subpart C of "Identification and Listing of Hazardous Waste." A determination that a waste possesses these characteristics or contaminants may be made either based on:

(a) Your knowledge of the hazard characteristic of the waste in light of the materials or the processes used; or (b) The results of testing the waste according to the methods in Subpart C of "Identification and Listing of Hazardous Waste."

Certain persons who handle hazardous waste are not required to obtain a RCRA permit. They are:

- Generators who accumulate their own hazardous waste on-site for less than 90 days as provided in 40 CFR 262.34;
- Farmers who dispose of hazardous waste pesticide from their own use as provided in 40 CFR 262.70; and
- Owners and operators of totally enclosed treatment facilities as defined in 40 CFR 260.10.

What Information Should be Filed and When

There are two parts to the RCRA permit application — Part A and Part B. Part A defines the processes to be used for treatment, storage, and disposal of hazardous wastes; the design capacity of such processes; and the specific hazardous wastes to be handled at a facility. Part B requires detailed site specific information such as geologic, hydrologic, and engineering data. 40 CFR Section 270, Subpart B specifies the information that will be required from hazardous waste management facilities in Part B.

A) Operation During Interim Status

As provided in 40 CFR 270.13, Part A of the permit application defines the processes to be used for treatment, storage, and disposal of hazardous wastes; the design capacity of such processes; and the specific hazardous wastes to be handled at a facility during the interim status period. Once Part A is submitted to EPA, changes in the hazardous wastes handled, changes in design of facilities, changes in processes, and changes in ownership or operational control at a facility during the interim status period may only be made in accordance with the procedures in 40 CFR 270.72. Changes in design capacity and changes in processes require prior EPA approval. Changes in the quantity of waste currently specified on the Part A can be made without submitting a revised Part A, provided the quantity does not exceed the design capacities of the processes specified in Part A of the permit application. Failure to furnish all information required to process a permit application is grounds for termination of interim status.

B) How Many Applications Should be Filed

You need submit only one RCRA permit application (Part A and Part B) per site or location, provided that you describe all of the activities at that site or ocation. If you conduct hazardous waste activity(ies) at more than one site or location, you must submit a separate application for each site or location.

C) Where to File

The application forms should be mailed to the EPA Regional Office whose Region includes the State in which the facility is located (see Table 2).

If the State in which the facility is located administers a Federal permit program under which you need a permit, you should contact the appropriate State agency for the correct forms (see Table 1). Your EPA Regional office (Table 2) can tell you to whom to apply and can provide the appropriate address and phone number.

D) When to File

The deadlines for filing applications are as follows:

Existing facility: six months following publication of regulations listing hazardous wastes

New facility: 180 days before commencing physical construction.

Confidential Information

All information submitted in this form will be subject to public disclosure, to the extent provided by the Freedom of Information Act, 5 U.S.C.Section 552, and EPA's Business Confidentiality Regulations, 40 CFR Part 2 and 40 CFR 270.12. Claims of confidentiality for the name and address of any permit applicant or permittee will be denied. Persons filing this form may make claims of confidentiality for certain information. Such claims must be clearly indicated by

submitting an attachment listing the specific information for which confidential treatment is requested at the time of filing. This attachment must include, a written substantiation of the claim for confidentiality, that answers the following questions:

- 1) Which sections of the Part A form contain the information you claim is entitled to confidential treatment?
- 2) For how long is confidential treatment desired for the information?
- 3) What measures have you taken to guard against undesired disclosure of the information to others?
- 4) To what extent has the information been disclosed to others, and what precautions have been taken in connection with that disclosure?
- 5) Has EPA or any other Federal agency made a pertinent confidentiality determination? If so, include a copy of such determination or reference to it, if available.
- 6) Will disclosure of the information be likely to result in substantial harmful effects on your competitive position? If so, what would those harmful effects be and why should they be viewed as substantial? Explain the casual relationship between disclosure and the harmful effects.

Information covered by a confidentiality claim and the above substantiation will be disclosed by EPA only to the extent and by means of the procedures set forth in 40 CFR Part 2 and 40 CFR 270.12.

If no claim of confidentiality or no substantiation accompanies the information when it is submitted, EPA may make the information available to the public without further notice to the submitter.

Table 1 Alphabetized State Listing of Hazardous Waste Contacts

Alabama

Land Division Alabama Department of Environmental Management 1751 Federal Drive Montgomery, Alabama 36130 (205) 271-7730

Alaska

U.S. EPA Region X Waste Management Branch MS HW-112 1200 Sixth Avenue Seattle, Washington 98101 (206) 442-0151

American Samoa

Environmental Quality Commission Government of American Samoa Pago Pago, American Samoa 96799 Overseas Operator Commercial call 663-2304

Arizona

Office of Waste and Water Quality Management Arizona Department of Environmental Quality 2005 N. Central Avenue, Room 304 Phoenix, Arizona 85004 (602) 257-2305

Arkansas

Arkansas Department of Pollution Control and Ecology P.O. Box 9583 Little Rock, Arkansas 72219 (501) 562-7444

California

California Department of Health Services Toxic Substances Control Division Department of Health Services P.O. Box 942732, 400 P. Street Sacramento, California 95814 (916) 323-2913

Colorado

Hazardous Materials & Waste Management Division Colorado Department of Health 4210 E. 11th Avenue Denver, Colorado 80220 (303) 331-4830

Connecticut

Hazardous Material Management Unit Department of Environmental Protection State Office Building 165 Capitol Avenue Hartford, Connecticut 06106 (203) 566-4924

Delaware

Delaware Department of Natural Resources & Environmental Control
Division of Air and Waste Management
Hazardous Waste Management Branch
P.O. Box 1401, 89 Kings Highway
Dover, Delaware 19903
(302) 736-3689

District of Columbia

Department of Consumer and Regulatory Affairs Hazardous Waste Section 2100 Martin Luther King Jr., Ave., S.E. Room 204 Washington, D.C. 20020 (202) 783-3194

Florida

Solid and Hazardous Waste Underground Storage Tanks (UST) Department of Environmental Regulations Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32301 (904) 488-0300

Georgia

Land Protection Branch Industrial and Hazardous Waste Management Program Floyd Towers East 205 Butler Street, S.E. Atlanta, Georgia 30334 (404) 656-2833

Guam

Guam Environmental Protection Agency P.O. Box 2999 Agana, Guam 96910 Overseas Operator (Commercial Call (671) 646-8863)

Hawaii

To Obtain Information or Forms Contact:
Department of Health
Hazardous Waste Program
P.O. Box 3378
Honolulu, Hawaii 96801
(808) 548-2270

Mail Your Completed Forms to:

U.S. EPA Region IX RCRA Programs Section (T-2-1) Toxics and Waste Management Division 215 Fremont Street San Francisco, California 94105

Idaho

Idaho Department of Health & Welfare Tower Building, Third Floor 450 West State Street Boise, Idaho 83720 (208) 334-5879

Illinois

To Obtain Information or Forms Contact:
Illinois Environmental Protection Agency
Division of Land Pollution Control
2200 Churchill Road
Springfield, Illinois 62706
(217) 782-6760
Mail completed forms to:

U.S. EPA Region V RCRA Activities Waste Management Division P.O. Box A3587 Chicago, IL 60690

Indiana

To Obtain Information or Forms Contact:

Indiana Department of Environmental Management 105 S. Meridian Street P.O. Box 6015 Indianapolis, Indiana 46225 (317) 232-3210

Mail completed forms to:

U.S. EPA Region V RCRA Activities Waste Management Division P.O. Box A3587 Chicago, IL 60690

Iowa

U.S. EPA Region VII RCRA Branch 726 Minnesota Avenue Kansas City, Kansas 66101 (913) 236-2852 or 1 (800) 223-0425

Kansas

Bureau of Waste Management Department of Health and Environment Forbes Field, Building 740 Topeka, Kansas 66620 (913) 296-1600

Kentucky

Division of Waste Management
Department of Environmental Protection
Cabinet for Natural Resources
& Environmental Protection
Fort Boone Plaza, Bldg. #2
Frankfort, Kentucky 40601
(502) 564-6716 Ext. 214

Louisiana*

Louisiana Department of Environmental Quality Department of Solid and Hazardous Waste P.O. Box 44307 Baton Rouge, Louisiana 70804 (504) 342-1354

Maine

Bureau of Oil and Hazardous Materials Control Department of Environmental Protection State House Station #17 Augusta, Maine 04333 (207) 289-2651

Maryland

Maryland Department of the Environment Waste Management Administration 2500 Broening Highway Baltimore, Maryland 21224 (301) 631-3304

Massachusetts

Division of Solid and Hazardous Waste Massachusetts Dept. of Environmental Quality Engineering One Winter Street, 5th Floor Boston, Massachusetts 02108 (617) 292-5589

Michigan

To Obtain Information or Forms Contact:

Waste Management Division Environmental Protection Bureau Department of Natural Resources Box 30038 Lansing, Michigan 48909 (517) 373-2730

Mail completed forms to:
U.S. EPA Region V
RCRA Activities
Waste Management Division
P.O. Box A3587
Chicago, IL 60690

Minnesota

To Obtain Information or Forms Contact:
Solid and Hazardous Waste Division
Minnesota Pollution Control Agency
520 Lafayette Road, North
St. Paul, Minnesota 55155
(612) 296-7282

Mail completed forms to:

U.S. EPA Region V RCRA Activities Waste Management Division P.O. Box A3587 Chicago, IL 60690

Mississippi

Division of Solid and Waste Management Bureau of Pollution Control Department of Natural Resources P.O. Box 10385 Jackson, Mississippi 39209 (601) 961-5062

Missour

Waste Management Program Department of Natural Resource Jefferson Building 205 Jefferson Street (13/14 floor) P.O. Box 176 Jefferson City, Missouri 65102 (314) 751-3176

Montana

Solid and Hazardous Waste Bureau
Department of Health and Environmental Sciences
Cogswell, Bldg., Room B-201
Helena, Montana 59620
(406) 444-2821

If you dispose of RCRA listed or characteristic waste in Louisiana you must have an EPA ID number.

Nebraska

Hazardous Waste Management Section Department of Environmental Control State House Station P.O. Box 98922 Lincoln, Nebraska 68509-8922 (402) 471-2186

Nevada

Waste Management Program
Division of Environmental Protection
Department of Conservation & Natural Resources
Capitol Complex
201 South Fall Street
Carson City, Nevada 89710
(702) 885-4670

New Hampshire

Division of Public Health Services
Office of Waste Management
Bureau of Hazardous Waste Classification & Manifests
Department of Health and Welfare
Health and Welfare Building
6 Hazen Drive
Concord, New Hampshire 03301
(603) 271-4662

New Jersey

To Obtain Information:

New Jersey Department of Environmental Protection Division of Waste Management Bureau of Hazardous Waste Classification and Manifests 401 East State Street, CN-028 Trenton, New Jersey 08625 (609) 633-1387

Obtain Forms from and Mail Completed Forms to:

U.S. EPA - Region II Permits Administration Branch 26 Federal Plaza, Room 505 New York, NY 10278

New Mexico

New Mexico Health & Environment Dept. Hazardous Waste Bureau 1190 St. Francis Drive Sante Fe, New Mexico 87503 (505) 827-2929

New York

To Obtain Information:

New York Department of Environmental Conservation Division of Hazardous Waste Substances Regulation Manifest Section 50 Wolfe Road Albany, New York 12233 (518) 457-0530

Obtain Forms from and Mail Completed Forms to:

U.S. EPA - Region II Permits Administration Branch 26 Federal Plaza, Room 505 New York, NY 10278

North Carolina

Solid and Hazardous Waste Management Branch Division of Health Services Department of Human Resources P.O. Box 2091 Raleigh. North Carolina 27602 (919) 733-2178

North Dakota

Division of Hazardous Waste Management and Special Studies Department of Health 1200 Missouri Avenue. Room 302 Bismarck, North Dakota 58502-5520 (701) 224-2366

Northern Mariana Islands

To Obtain Information or Forms Contact:

Department of Public Health and Environmental Services Division of Environmental Quality Saipan. Mariana Islands 96950 Overseas Operator: 6984 Cable Address: Gov. NMI Saipan

Mail Your Completed Forms to:

U.S. EPA Region IX RCRA Programs Section (T-2-1) Toxics and Waste Management Division 215 Fremont Street San Fransisco, California 94105

Ohio

U.S. EPA Region V Ohio RCRA Activities Waste Management Division 230 South Dearborn Street Chicago, Illinois 60604 (312) 886-7579

Oklahoma

Oklahoma State Department of Health Industrial Waste Division 1000 Northeast 10th Street Oklahoma City, Oklahoma 73152 (405) 271-5338

Oregon

Oregon Department of Environmental Quality Hazardous Waste Operations 811 Southwest 6th Avenue Portland, Oregon 97204 (503) 229-5913

Pennsylvania

To Obtain Information or Forms Contact:

Pennsylvania Department of Environmental Resources Bureau of Waste Management P.O. Box 2063 Harrisburg, Pennsylvania 17120 (717) 787-9870

Mail completed forms to:

U.S. EPA Region III RCRA Programs Branch Pennsylvania Section (3 HW51) 841 Chestnut Building Philadelphia, PA 19107

Puerto Rico

To Obtain Information or Forms Contact: Puerto Rico Environmental Quality Board Land Pollution Control Area Inspection, Monitoring and Surveillance P.O. Box 11488 Santurce, Puerto Rico 00910–1488 (809) 722–0439

Obtain Forms from and Mail Your Completed Forms to:

U.S. EPA Region II Permits Administration Branch 26 Federal Plaza, Room 505 New York, New York 10278

Rhode Island

Solid Waste Management Program
Department of Environmental Management
204 Canon Building 75 Davis Street
Providence, Rhode Island 02908
(401) 277-2797

South Carolina

Bureau of Solid Waste Management Hazardous Waste Management Department of Health and Environmental Control 2600 Bull Street Columbia, South Carolina (803) 758-5681

South Dakota

Office of Air Quality and Solid Waste Department of Water and Natural Resources Foss Building, Room 217 Pierre, South Dakota 57501 (605) 773-3153

Tennessee

Division of Solid Waste Management Tennessee Department of Public Health 701 Broadway Customs House, 4th Floor Nashville, Tennessee 37219-5403 (615) 741-3424

Texas

Texas Water Commission Compliance Assistance Unit Hazardous and Solid Waste Division P.O. Box 13087, Capitol Station Austin, Texas 78711-3087 (512) 463-8175

Utah

Bureau of Solid and Hazardous Waste Management Department of Health P.O. Box 16700 288 North 1460 West Salt Lake City, Utah 84116-0700 (801) 538-6170

Vermont

Waste Management Division Agency of Environmental Conservation 103 South Main Street Waterbury, Vermont 05676 (802) 244-8702

Virgin Islands

To Obtain Information or Forms Contact:

Virgin Islands Department of Planning & Natural Resources Division of Environmental Protection 179 Altona and Welgunst St. Thomas, Virgin Islands 00801 (809) 774-3320

Obtain Forms from and Mail Completed Forms to:

U.S. EPA Region II Permits Administration Branch 26 Federal Plaza, Room 505 New York, New York 10278

Virginia

Virginia Department of Waste Management Monroe Building, 11th Floor 101 North 14th Street Richmond, Virginia 23219 (804) 225-2667

Washington

Solid and Hazardous Waste Management Division Department of Ecology Mail Stop PV-11 Olympia, Washington 98504 (206) 459-6369

West Virginia

West Virginia Department of Natural Resources Waste Management Division 1260 Greenbrier Street Charleston, West Virginia 25311 (304) 348-5935

Wisconsin

To Obtain Information or Forms Contact:

Bureau of Solid Waste Department of Natural Resources P.O. Box 7921 Madison, Wisconsin 53707 (608) 266-1327

Mail completed forms to:

U.S. EPA Region V RCRA Activities Waste Management Division P.O. Box A3587 Chicago, IL 60690

Wyoming

U.S. EPA Region VIII
Hazardous Waste Management Division (8HWM-ON)
999 18th Street, Suite 500
Denver, Colorado 80202-2405
(303) 293-1795

Table 2 U.S. EPA Regional Offices

Region	Geographic Area Covered	EPA Regional Offices
I	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	U.S. EPA Region I Waste Management Division JFK Federal Building Boston, MA 02203-2211
П	New Jersey, New York, Puerto Rico, Virgin Islands	U.S. EPA Region II Permits Administration Branch 26 Federal Plaza, Room 505 New York, NY 10278
III	Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia	U.S. EPA Region III RCRA Programs Branch (3 HW53) 841 Chestnut Street Philadelphia, PA 19107
IV	Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee	U.S. EPA Region IV Hazardous Waste Management Division 345 Courtland Street, NE Atlanta, GA 30365
V	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	U.S. EPA Region V RCRA Activities Waste Management Division P.O. Box A3587 Chicago, IL 60690
VI	Arkansas, Louisiana, New Mexico, Oklahoma, Texas	U.S. EPA Region VI Hazardous Waste Management Division First Interstate Bank Tower 1445 Ross Avenue, Suite 1200 Dallas, TX 75202-2733
VII	Iowa, Kansas, Nebraska, Missouri	U.S. EPA Region VII RCRA Branch 726 Minnesota Avenue Kansas City, KS 66101
VIII	Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming	U.S. EPA Region VIII Hazardous Waste Management Division 999 18th Street, Suite 500 Denver, CO 80202-2405
IX	Arizona, California, Hawaii, Nevada, American Samoa, Guam, Northern Mariana Islands	U.S. EPA Region IX Toxics and Waste Management Division 215 Fremont Street San Francisco, CA 94105
X	Alaska, Idaho, Oregon, Washington	U.S. EPA Region X Waste Management Branch - HW-112 1200 Sixth Avenue Seattle, WA 98101

For EPA Regional Use Only				&E			- A			-		e Only	
	На	zar	do	Environm rashingtor US V Opli	Nas	1460 Ste	Pe		iit				
Date Received Month Day Year				Pa	rt A								
July 100			(Read to	ne Instruct			ng)						
1. ID Number(s)													
A. EPA ID Number			8	Second	ary ID N	umbei	r (if appi	licable)					
II. Name of Facility													
III. Facility Location (Ph	ysical addr	ess not P	.O. Box	or Route	Numbe	r) >							
A. Street	- 1 - 1 -	т-т-	т т	т т					т т	т т			
												<u> </u>	
Street (continued)	П	ТТ	ПП	ТТ	П	ТТ		П	П	ПП	T	ТТ	
City or Town				1_1_			State	ZIP Co	de	1_1			
						П				TT	-		\top
County Code County Nan	ne												
B. Land Type C. Geogr	raphic Loca	tton							D. Facili	ty Exis	tence	Date	
(enter code) LATITUDE	degrees, minute	es, & seconda) L	ONGITUD	(degrees,	minutes,	& seconds	<u></u> 1.	Month	Day	·	Year	
													حيل
IV. Facility Mailing Addr	054												
Street or P.O. Box	- 1 - 1 -	Т	П	ТТ	т т	т т		П	П	тт	- T -	ТТ	
City or Town	11	тт	ТТ	ТТ	Т		State	ZIP Co	de 	ТТ		TT	Т
V F195- G								.					
V. Facility Contact (Fac	on to be c	orracieo	regaroi	ng waste			есниу)						
Name (fast)	-т-т-	ТТ	ТТ	ТТ	(ffrat)	Т		П	Т	Т	Т	ТТ	\neg
loh Titte		1 1		11			<u> </u>	L					4
Job Title	1 1	ТТ	ТТ	ТТ	enton	- mun	FORE (BAG	- C00# 1	nd numb		Т	\neg	
Vi Facility Conduct 5 de													
VI. Facility Contact Add Contact Address	B. Street		····										
Location Mailing		T T	T	ТТ	ТТ	ТТ		Π	ПТ	TT	T	ТТ	\top
	1 1												
City or Town			LL				State	ZIP Çe					

EPA I.D. Number	(enter from	page 1)					Secon	dary ID	Number	r (ente	r from	page 1)	
												T	T
VII. Operator in	dormation (:	see Instruct	tions)										
Name of Opera	tor											100	
Street or P.O.	Вох												
City or Town							State	ZIP Co	ode				
											-		
Phone Number (eres code an	d number)		В	Operato	г Туре	C, Cha	nge of Op				Changed	
T T T-T		-I I				7	Yes	No	7	Mo	ritin	Day	Year
VIII. Facility Owne	er (see instr	uctions	1000					\$000000	***********				
A. Name of Facilit													
A. Name of Facili	ty's Legal C	Wiler	ПП	ПТ	TT	П	П		ПП			TT	
Street or P.O. Br)Y		1 1 1			L	1_1_	1 1	1 1			il I	L
				ΠĪ	T I	T			П	ТΙ			
City or Town			1 1 1					ZIP Co					
	ПП			ТТ	ПТ		State	ZIP CO	108		- T	ТΤ	T
	_1_1_1	11	1 1 1		_1_1	L		1	11				L
					B. 0	Owner 1	Type C.	Change	of Owner		Date	Change	đ
Phone Number (a	eree code an	d number)						Indic	etcer .		nth	Day	Year
		-1 1					Yes	N4			7 (A) (S)		
IX. SIC Codes (4			ifficance)										
	Pri descrip tion)	mary					T I (de	Secription)	econda	r y			
	жестфкоп) 												
	Seci description)	ondary					T 14	S ecription)	econda	y			
				20.			100	ecription)					
X. Other Environ	mental Pen	nits (see in	structions)	>		500000 900000							
A. Permit Type									A B				
(enter code)	100	B. Permit I	Afimbet						C. Desc	афися	1		
					\Box								
				\top	\top								
-		1 1	1 1 1										
	+++	-		++	++	+							
				\parallel	\dashv	+							
						+							

lease print or type with ELITE type (1)	2 characters per inch) in the unshaded areas or	nly	GSA NO. 1048-FPA-01
EPA I.D. Number (enter fr	om page 1)	Secondary ID Number (ente	er from page 1)
XI. Nature of Business (provide	a brief description)	A A Property of the Contract o	

XII. Process - Codes and Design Capacities

- A. PROCESS CODE Enter the code from the list of process codes below that best describes each process to be used at the facility. Twelve lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information, if a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided in item XIII.
- B. PROCESS DESIGN CAPACITY For each code entered in column A, enter the capacity of the process.
 - AMOUNT -Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process unit.
 - UNIT OF MEASURE For each amount entered in column B(1), enter the code from the first of unit measure codes below that
 describes the unit of measure used. Only the units of measure that ere listed below should be used.
- C. PROCESS TOTAL NUMBER OF UNITS Enter the total number of units used with the corresponding process code.

PROCE		APPROPRIATE UNITS OF MEASURE FOR PROCESS	UNIT OF	UNIT OF MEASURE
D79 D80 D81 D82 D83	PROCESS DISPOSAL: INJECTION WELL LANDFILL LAND APPLICATION OCEAN DISPOSAL SURFACE IMPOUNDMENT	DESIGN CAPACITY GALLONS; LITERS; GALLONS PER DAY; OR LITERS PER DAY ACRE-FEET OR HECTARE-METER ACRES OR HECTARES GALLONS PER DAY OR LITERS PER DAY GALLONS OR LITERS	GALLONS GALLONS PER HOUR GALLONS PER DAY LITERS LITERS PER HOUR .	RE U
S01 S02 S03 S04	STORAGE: CONTAINER (barrel, drum, etc.) TANK WASTE PILE SURFACE IMPOUNDMENT	GALLONS OR LITERS GALLONS OR LITERS CUBIC YARDS OR CUBIC METERS GALLONS OR LITERS	LITERS PER DAY SHORT TONS PER H METRIC TONS PER H SHORT TONS PER D	OUR D HOUR W
T01 T02 T03	IREATMENT: TANK SURFACE IMPOUNDMENT INCINERATOR	GALLONS PER DAY OR LITERS PER DAY GALLONS PER DAY OR LITERS PER DAY SHORT TONS PER HOUR; METRIC TONS PER HOUR; GALLONS PER HOUR; LITERS PER HOUR: OR BTU'S PER HOUR	METRIC TONS PER L POUNDS PER HOUR KILOGRAMS PER HO CUBIC YARDS) J DUR R
T04	OTHER TREATMENT (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundment or inclinerators. Describe the processes in the space provided in item xiii.)	GALLONS PER DAY; LITERS PER DAY; POUNDS PER HOUR; SHORT TONS PER HOUR; KILOGRAMS PER HOUR; METRIC TONS PER DAY; METRIC TONS PER HOUR; OR SHORT TONS PER DAY	CUBIC METERS ACRES ACRE-FEET HECTARES HECTARE-METER	B A

	EPA I	D. N	umt	er (enter	tro	m pa	ge 1)							Sec	ond	ary I	D N	ımb	er (e	nter	fron	n page 1)	1
								acities	*******		0000000000000													
E h	XAMP old 20	LE FO	OR Ci	OMP and I	LETIN the off	G IT	EM XII can ho	(shown	in iti Talion	ne nu ns. Th	mbers) e facilit	(-1 aı / also	nd X-	belo n inci	w): A	facil for th	ity ha	s two	stor	age to 2	tanks 0 gal	one	tank can oer hour.	
	ш	ne nber	AP		ESS		William Control of the Control of th				SIGN CA				C. P	ROC	ESS				FICIA	staticals.		١
	,,,,,,		(fi	om i bovi	list		1.	AMOU	NT (s	pecii	()		. UNI MEAS Inter		NI OI	TOT/ UMB F UN	ER				NLY			
	x	1	S	0	2			60	0				G		o	0	2							١
	x	2	T	ø	3			20					E		ø	0	1							١
		1										T												l
		2			П							\top												l
		3			Ħ							T												١
		4			П							T				Г								١
		5			Ħ							\top				Г								1
		6			П							十												1
		7			П							十				Г							1	l
		8			П							\top				Г							•	
		9			\Box							\top												
	1	a			П							1												
	1	,			П					(4)		\top												
	1	2		-	П							T												
N	OTE:	f you	nee	d to	list mo	era l	han 1	2 proce	\$\$ CO	odes,	attach a	un ad	ditior	al she	et(s)	with	the	infor	natio	on in	the s	ame	e format as es in item	
x	и.	, (Cill			1100 30		AUK III,	, saking	RAU	2000	ura arry	(11) 0 2	UPER		<i>0,</i> 220			.0(12)	400	.,,,,	.,,,,	9000	es at none	
XIII. A	dditio	nai 1	real	mei	nt Pro	Ces	saes (fallow	inat	ructi	ons fro	m Ite	em X	0>										200
Line Number (enter		OCE ODE			DESIG	in C	CAPAC			PRO TOT NUMI														
numbers in eaquence with Rem XII)				1. A (4)	MOUN pecify)	π		NIT OF LSURE or code		OF U				D.	DES	CRIF	TION	i OF	PRO	CES	S			
																								1
	T	0	•	-					T															١
																								١
			ı						ı															1
	7	e	4	*******	**********	*****		***************************************		T														١
																								١
									۱		Ì													1
	Ŧ	0	7							T														
		· L																						
											ŀ													1
	7	0	7							T	-													

١,

EPA I.D. Number	(enter from page 1	<u>) </u>	Secondary ID Number (enter from page 1)
VIV. Description of He	wardens Wanton		

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B. ESTIMATED ANNUAL QUANTITY for each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	τ	METRIC TONS	м

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wests: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that processes that characteristic or toxic contaminant.

NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:

- Enter the first two as described above.
- 2. Enter "000" in the extreme right box of item XIV-D(I).
- Enter in the space provided on page 7, Item XIV-E, the line number and the additional code(s).
- PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form (D.(2)).

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER- Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 1. Reposition 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous weste.

EXAMPLE FOR COMES CIRCLE STEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below) - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tenning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

				A.	EPA		B. ESTIMATED	C. UNIT OF), PR	ROCESS
Li Nun	ine nb		* Y	YAST	ARD E NO codi	k.	ANNUAL QUANTITY OF WASTE	MEASURE			m	PRO	CESS	co	DES	(ente	r)	(2) PROCESS DESCRIPTION (If a code is not entered in D(1))
X		1	ĸ	0	5	•	900	P	7	0	3	٥	a	0		T		
X		2	D	0	0	2	400	•	7	٥	3	0		0				
X		3	۵	0	0	1	100	P	7	•	3	ø	8	0				
X		*	D	0	0	2												Included With Above

	T I	PA	I.D. N	umb	er	enter fro	om p	age 1)	7							Se	cond	iary	ID Nun	nber (enter	rom	page	1)
																				GIS TO SERVE				33623
X	IV. D	escr	iptio	ı of H		ardous \	Nasi	es (conti	nue	d)		* 5												1, 45
	ne nber	•	VASTI	PA DOUS E NO. code)		B. ESTIM ANNU, QUANTIT WAST	AL Y OF	C. UNIT MEASUI (enter code)	RE		(1) F	PROC	ESS	COD	ES (enter		D. PR	OCESS (If a	ES 2) PRO 1 cade	CESS is not	DESC enter	RIPTIO	N (1))
	1																							
	2																							
	3								Ī															
	4								1															
	5				7	-																		
	6				1																			
	7				٦				T	1														
	8				7																			
	9																							
1	0																							
1	1																							
1	2																							
1	3																							
1	4																							
1	5																							
1	6																							
1	7																							
1	8																							
1	9																							
2	0																							
2	1																							
2	2																							
2	3																							
2	4			T																				
2	5																							
2	6																							
2	7																							
2	8																							
2	9																							
3	0				1				T															
3	1			\top	7				1															
3	2		\neg	十	7				寸															
3			\Box		7				寸															

XV. Description of Nazardous Waste (continued) E. USE THIS SPACE TO UST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 6. Line Additional Process Codes (enter) Additional Process Codes (enter) XV. Map Attach to this application a topographic map of the ereal extending to at least one mile beyond property boundaries. The map misst show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its invitations where the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its invitations where the continue of the facility is and each well where it injects fluids underground. Include all springs, have and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All editing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All editing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas; and after of future storage, treatment or disposal areas (sees instructions for more detail). XVII. Photographs It certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information. Including the possibility of fine and interpretaments in information is true, accurate, and complete, a ma ware that there are significant penalties for submitting false information, including the possibility of fine and mapproximent. Where the process of the proc	Line Additional Process Codes (enter) Additional Process Codes (enter	EPA I.D.	Number (en	ter from pag	ge 1)	7			Second	Bry ID N	umber (enter from	m page 1)
Line Additional Process Codes (enter) Additional Process Codes (enter) XY. Map XY. Map XY. Map XY. Map XY. Map XY. Map Attach to this application a topographic map of the area extending to at least one mile beyond properly boundaries. The map must show the outline of the facility, the location of sech of its existing and proposed intate and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include photographa (serial or ground-lever) that clearly delineate all adding structures; existing storage, treatment and disposal areas; and sites of future storage, restment or disposal areas (see instructions for more detail). XVIII. Certification(s) Identify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed	E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(T) ON PAGE 6. Line umber	XIV. Descrip	tion of Hazar	rdous Wasti	<i>+ (continu</i>	ed)							
Additional Process Codes (enter) Additional Process Codes (enter) W. Map Attach to this application a topographic map of the area extending to at least one mile beyond properly boundaries. The map must about the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, invers and other surface water bodies in this map area. See instructions for precise requirements. WI. Facility Drawling All existing facilities must include a scale drawling of the facility (see instructions for more detail). WIII. Photographs All edisting facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, meatment or disposal areas (see instructions for more detail). WIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to blataling the information, including the possibility of fine and interest of the properties of the properties of the submitting false information, including the possibility of fine and imprisonment. Pate Signature Date Signed Date Signed	Additional Process Codes (enter) Additional Process Codes (enter) All which application a topographic map of the area extending to at least one mile beyond properly boundaries. The map must show the outline of the facility, the location of sech of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, inverse and other surface water bodies in this map area. See instructions for precise requirements. VMI. Facility Drawling All existing facilities must include a scale drawling of the facility (see instructions for more detail). VMII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatments and disposal areas, and sites of future storage, treatment or disposal areas (see instructions for more detail). VMII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to bobaling the information, i believe that the submitted information is true, accurate, and complete. I am awan that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Postator Signature Date Signed Date Signed Accomments.						ES FROM IT	F U D(1) 0	M PAGE 6				
XV. Map Arach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its inazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, inviters and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVIII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas; and altes of future storage, treatment or disposal areas (see instructions for more detail). XVIII. Certification(e) Icertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, in believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Where Signature Date Signed Name and Official Title (type or print)	XY. Map Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its must show the outline of the facility, and content of the sealing and proposed intake and discharge structures, each of its existing and other surfaces water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and else of hourse storage, treatment and disposal areas; and else of hourse storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(e) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible obtaining the information, believe that the submitted information, including the possibility of fine and professionment. Where Signature Date Signed Date Signed Date Signed Date Signed	Line	****	-	27.1.2								
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its exiting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VVIII. Certification(s) If certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award imprisonment. Date Signed Date Signed Date Signed Date Signed	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its wasting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it highest fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) X. Comments		 			Aug	UONAI PIUI	:685 C00	43 (enter)	1 1		1 1	
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VVIII. Certification(s) If certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award imprisonment. Date Signed Date Signed Name and Official Title (type or print)	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its wasting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it highest fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) X. Comments	+++	+++	+	++	++	++	++		\dashv	-		
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its editing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs XVII. Photographs All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Incertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award imprisonment. Where Signature Date Signed Date Signed Date Signed	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its wasting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it highest fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) X. Comments	+++	+++	+	++	++	++	+	┼┼╂	+	+		
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award in the three are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Date Signed Date Signed Lame and Official Title (type or print)	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its wasting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it highest fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) X. Comments	+++	+++	+++	++	++	++	++	++1	++	+		-
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. KVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). KVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award in the three are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed ame and Official Title (type or print)	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its obstiting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it hipscaff fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. KVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). KVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures, existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to bitalning the information, I believe that the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) M. Comments		+++	111	\top	++	++			+	\top		
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award in the three are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Date Signed Date Signed Lame and Official Title (type or print)	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its wasting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it highest fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) X. Comments									$\dashv \dashv$		\dashv	
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award in the three are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Date Signed Date Signed Lame and Official Title (type or print)	Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its wasting and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it highest fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements. XVI. Facility Drawing All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Date Signed All existing and Official Title (type or print) X. Comments												
All existing facilities must include a scale drawing of the facility (see instructions for more detail). KVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for subtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed Date Signed	All existing facilities must include a scale drawing of the facility (see instructions for more detail). XVII. Photographs All existing facilities must include photographs (serial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, i believe that the submitted information is true, accurate, and complete. I am awarn hat there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Amer Signature Date Signed Date Signed Date Signed X. Comments	hazardous wa	e outline of th aste treatment	ne racility, the t. storage. or	e location of disposal fac	of each of cilities. a	f its existing and each we	and prop	osed intake t injects flu	e and disc	charge st	TUCTURAS A	each of He
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). [VIII. Certification(s)] [I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed Date Signed Date Signed	All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, i believe that the submitted information is true, accurate, and complete. I am award that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed Date Signed Date Signed Date Signed Date Signed	XVI. Facility D	Orawing										
All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). Will. Certification(s) I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed Date Signed Date Signed	All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail). VIII. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed Date Signed X. Comments	All existing fa	cilities must ir	nciude a scal	e drawing o	of the fac	:iiity (see in	structions	for more d	ietaii).			
Will. Certification(s) Certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed Date Signed Date Signed Date Signed	VIII. Certification(s) Incertify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the information, I believe that the submitted information is true, accurate, and complete. I am award there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed	KVII. Photogr	aphs										
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. We what imprisonment is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Date Signed Date Signed Name and Official Title (type or print)	certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible to obtaining the Information, I believe that the submitted information is true, accurate, and complete. I am award that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. Where Signature Date Signed	All existing fac treatment and	cilities must in disposal area	clude photog is; and sites o	graphs (aeri of future sto	ial or gro orage, tre	ound-level) Patment or	that clear disposal a	ly delineate reas (see ir	all existi extruction	ing struct as for mod	ures; exist re detail).	ling storage,
obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. where Signature Date Signed Date Signed Date Signed Date Signed Date Signed Date Signed	Subtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting faise information, including the possibility of fine and imprisonment. Where Signature Date Signed	VIII. Certifica	tion(s)										
Name and Official Title (type or print) Date Signed Date Signed Date Signed Name and Official Title (type or print)	Jame and Official Title (type or print) Derator Signature Date Signed Date Signed Date Signed Date Signed	obtaining the	e information re significa	nents, and on, I bellev	i that basi e that the	sea on i e subm	my inquii nitted info	ry of tho rmation	se indivi is true, a	duals li ccurate	mmedia	itely responde	ponsible to
perator Signature Date Signed Name and Official Title (type or print)	Date Signed Jame and Official Title (type or print) X. Comments	wner Signatur	8								Date Sig	ned	
Name and Official Title (type or print)	Jame and Official Title (type or print) X. Comments	lame and Offic	cial Title (type	e or print)					-				
	X. Comments	perator Signat	ure								Date Siç	ned	
IX. Comments		lame and Offic	cial Title (type	e or print)		-							
IX. Comments													
	ote: Mall completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)	X. Comment	s >		200000000000000000000000000000000000000	STATE OF THE PROPERTY OF							
	ote: Mall completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)												
	ote: Mall completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)												
	ote: Mall completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)		-										
	ote: Mall completed form to the appropriate EPA Regional or State Office. (refer to instructions for more information)												

Estimated burden: Public reporting burden for this collection of information is estimated to be 26.5 hours, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Paperwork Reduction Project (2050-0034), Office of Management and Budget, Washington, D.C. 20503.

Part A - Line-By-Line Instructions

This form must be completed by all applicants.

Please type or print in the unshaded area only leaving a blank box between words. The boxes are spaced at 1/4" intervals which accommodate elite type (12 characters per inch). When typing, hit the space bar twice between characters. If you print, place each character in a box. Abbreviate if necessary to stay within the number of boxes allowed for each item. If you must use additional sheets, indicate clearly the number of the Item on the form to which the information on the separate sheet applies.

Unless otherwise specified in the instructions to the form, each item must be answered. To indicate that each item has been considered, enter "NA" for not applicable if a particular item does not fit the circumstances or characteristics of your facility or activity.

If you have previously submitted information to EPA or to an approved State agency which answers a question, you may either repeat the information in the space provided or attach a copy of the previous submission. Some items in the form require narrative explanation. If more space is necessary to answer a question, attach a separate sheet entitled "Additional Information."

(NOTE: When submitting a revised application, applicants must resubmit in their entirety each item on the application for which changes are requested. In addition, Items I, II, III, VI, VII, VIII and XVIII must be completed. All other sections may be left blank).

Item I - ID Number(s):

A) EPA ID Number: Space is provided on Form A for insertion of your EPA Identification Number. If you have an existing facility, enter your Identification Number. If you don't know your EPA Identification Number, please contact your EPA Regional Office (See Table 2), which will provide you with your number, or send you an application (Notification of Regulated Waste Activity (EPA Form 8700-12)) to apply for an EPA Identification Number. If your facility is new (not yet

constructed) or you do not have an Identification Number, leave this item blank.

B) Secondary ID Number: Enter any non-EPA ID number that your facility has been issued. For example, for wastes regulated by a State or local authority, give the ID number that the other authority issued.

Item II - Name of Facility:

Enter the facility's official or legal name. Do not use a colloquial name.

Item III - Facility Location:

A) Location: Give the address or location of the facility identified in Item II of this form. Please note that the address you give for Item III must be a physical address, not a post office box or route number. If the facility lacks a street name give the most accurate alternative geographic information (e.g., section number or quarter section number from county records or at intersection of Rts. 425 and 22).

County Name and Code: Give the county code, if known. If you do not know the county code, enter the county name, from which EPA can automatically generate the county code. To obtain a list of county codes, contact the National Technical Information Service, U.S. Department of Commerce, Springfield, Virginia, 22161 or at (703) 487-4650. The list of codes is contained in the Federal Information Processing Standards Publication (FIPS PUB) number 6-3.

B) Land Type: Using the codes listed below, indicate in III. B. the code which best describes the current legal status of the land on which the facility is located:

F = Federal

S = State

I = Indian

P = Private

C = County

M = Municipal*

D = District

O = Other

*Note: If the Land Type is <u>best</u> <u>described</u> as Indian, County or District, please use those codes. Otherwise, use Municipal.

- C) Geographic Location: Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map you provide for Item XV to determine latitude and longitude. Latitude and longitude information is also available from Regional Offices of the U.S. Department of Interior, Geological Survey, and from State Natural Resource or Environmental Agencies.
- D) Facility Existence Date: Enter the appropriate date that applies to your facility from the following:
 - (1) The date that hazardous waste operations at the facility commenced;
 - (2) The date construction on the facility commenced; or
 - (3) The date operation is expected to begin.

Item IV - Facility Mailing Address:

Please enter the Facility Mailing Address. If the Mailing Address and the Facility Location (Item III) are the same, you can print "same" in the space for Item IV.

Item V - Facility Contact:

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this application and who can be contacted by reviewing offices if necessary.

Item VI - Facility Contact Address:

- A) Code: If the contact address is the same as the facility location address listed in Item III or the facility mailing address listed in Item IV, place an "X" in the appropriate box to indicate where the contact may be reached. If the facility location address, the facility mailing address, and the facility contact address are all the same, mark the "Location" box. If an "X" is entered, in either the location or mailing box, Item VI. B. should be left blank.
- B) Address: Enter the facility contact address only if the contact address is different from either the facility location address (Item III) or the

facility mailing address (Item IV) and Item VI.A. was left blank.

Item VII - Operator Information:

- A) Name: Give the name, as it is legally referred to, of the person, firm, public organization, or any other entity which operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation rather than the plant or site manager. Do not use a colloquial name. Also enter the telephone number and address where the operator can be contacted.
- B) Operator Type: Using the codes listed below, indicate in VII. B. the code which best describes the legal status of the current operator of the facility:

F = Federal

S = State

I = Indian

P = Private

C = County

M = Municipal*

D = District

O = Other

*Note: If the Operator Type is <u>best described</u> as Indian, County or District, please use those codes. Otherwise, use Municipal.

C) Operator Indicator: (If this is your installation's first Part A application, leave VII. C. blank and skip to Item VIII. If this is a subsequent Part A application, complete Item VII. C. as directed below.)

If the operator of this facility has changed since the facility's original Part A was submitted, place an "X" in the box marked "Yes" and enter the date the operator changed.

If the operator of this facility has not changed since the facility's original Part A was submitted, place an "X" in the box marked "No" and skip to Item VIII.

If any additional operators have been added or replaced since the facility's original Part A was submitted, place an "X" in the box marked "Yes". Use the comment section in XIX to list any additional operators, the dates they became operators, and which operator(s) (if any) they replaced. If necessary attach a separate sheet of paper.

Item VIII - Facility Owner:

- A) Name: Enter the name of the legal owner(s) of the installation, including the property owner. Also enter the address and phone number where this individual can be reached. Use the comment section or additional sheets if necessary to list more than one owner.
- B) Owner Type: Using the codes listed below, indicate in VIII. B. the code which best describes the legal status of the current owner of the facility:

F = Federal

S = State

I = Indian

P = Private

C = County

M = Municipal*

D = District

O = Other

*Note: If the Owner Type is best described as Indian, County or District, please use those

codes. Otherwise, use Municipal.

C) Owner Indicator: (If this is your installation's first Part A application, leave VIII. C. blank and skip to Item IX. If this is a subsequent Part A application, complete Item VIII. C. as directed below.)

If the owner of this facility has changed since the facility's original Part A was submitted, place an "X" in the box marked "Yes" and enter the date the owner changed.

If the owner of this facility has not changed since the facility's original Part A was submitted, place an "X" in the box marked "No" and skip to Item IX.

If any additional owners have been added or replaced since the facility's original Part A was submitted, place an "X" in the box marked "Yes." Use the comment section in XIX to list any additional owner(s), the dates they became owners, and which owner(s) (if any) they replaced. If necessary attach a separate sheet of paper.

Item IX - SIC Codes:

List, in descending order of significance, the four digit standard industrial classification (SIC) codes which best describe your facility in terms of the principal products or services you produce or provide. Also, specify each classification in words. These classifications may differ from the SIC codes describing the operation generating the hazardous wastes.

SIC code numbers are descriptions which may be found in the "Standard Industrial Classification Manual" prepared by the Executive Office of the President, Office of Management and Budget, which is available from the Government Printing Office. Washington, D.C. Use the current edition of the manual. If you have any questions concerning the appropriate SIC code for your facility, contact your EPA Regional office (see Table 2).

Item X - Existing Environmental Permits:

- A) Permit Type: Using the codes listed below, enter a letter on the form for all other environmental permits the facility has received, or for which the facility has filed an application. even if the permit has not yet been received.
 - N = NPDES (National Pollutant Discharge Elimination System, Clean Water Act)
 - P = PSD (Prevention of Significant Deterioration, Clean Air Act)
 - R = RCRA (Resource Conservation and Recovery Act)
 - U = UIC (Underground Injection Control, Safe Drinking Water Act)
 - F = EPA 404 (Dredge or Fill Permits under Section 404 of the Clean Water Act)
 - E = Other relevant environmental permits (see instructions below)

Under E - List any other relevant Federal (e.g., permits under the Ocean Dumping Act), State (e.g., State permits for new air emission sources in nonattainment areas under Part D of the Clean Air Act or State permits under Section 404 of the Clean Water Act), or local environmental permits or applications.

- B) Permit Number: Give the number of each presently effective permit issued to the facility for each program, or if you have previously filed an application, but have not yet received a permit, give the number of the application. If you have more than one currently effective permit for your facility under a particular permit program, you may list additional permit numbers on a separate sheet of paper.
- C) Description: Use the space provided for any information identifying additional describing the permits.

Item XI - Nature of Business:

Briefly describe the nature of your business (e.g., products produced or services provided). If more space is needed, please attach additional sheets.

Item XII - Process Codes and Design Capacities:

The information in Item XII describes all the processes that will be used to treat, store, or dispose of hazardous waste at the facility. The design capacity of each process must be provided as part of the description. The design capacity of injection wells and landfills at existing facilities should be measured as the remaining, unused capacity. Please indicate the location of each process listed in Item XII on either the map provided for Item XV or the photographs provided for Item XVII. Use the line number from Item XII to indicate where the process(es) are located. See the form for the detailed instructions to Item XII.

Item XIII - Additional Treatment Processes:

Use this space to describe additional treatment processes that did not have a specific process code listed in Section XII. A. of the form.

Item XIV - Description of Hazardous Wastes:

The information in Item XIV describes all the hazardous wastes that will be treated, stored, or disposed at the facility. In addition, the processes that will be used to treat, store, or dispose of each waste and the estimated annual quantity of each waste must be provided. See the form for the detailed instructions to Item XIV.

Item XV - Map:

Provide a topographic map or maps of the area extending to at least one mile beyond the property boundaries of the facility. The map must clearly show the following:

- The legal boundaries of the facility;
- The location and serial number of each of your existing and proposed intake and discharge structures;
- All hazardous waste management facilities;
- Location of all processes listed in Item XII identified by process code;
- Each well where you inject fluids underground; and
- All springs and surface water bodies in the area, plus all drinking water wells within 1/4 mile of the facility which are identified in the public record or otherwise known to you.

If an intake or discharge structure, hazardous waste disposal site, or injection well associated with the facility is located more than one mile from the plant, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) maps corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps of rivers, show the direction of the current, and in tidal waters, show the directions of the ebb and flow tides. Use a 7-1/2 minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Office listed below. If a 7-1/2 minute series map has not been published for your facility site, then you may use a 15 minute series map

from the U.S. Geological Survey. If neither a 7-1/2 nor 15 minute series map has been published for your facility site, use a plant map or other appropriate map, and include all the requested information: in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart, or other map meeting the above specifications. If you do, your map should bear a note showing the number or title of the map or chart it was traced from. Include the names of nearby towns, water bodies, and other prominent points.

To obtain map indexes contact one of the following Earth Science Information Centers (ESIC):

Anchorage - ESIC 4230 University Dr., Rm. 101 Anchorage, AK 99508-4664 (907) 561-5555

Anchorage - ESIC U.S. Courthouse, Room 114 222 W. 7th Ave., Box 53 Anchorage, AK 99513-7546 (907) 271-4307

Denver - ESIC 169 Federal Building 1961 Stout Street Denver, CO 80294 (303) 844-4169

Lakewood - ESIC Box 25046, Federal Center Denver, CO 80225 (303) 236-5829

Los Angeles - ESIC 7638 Federal Building 300 N. Los Angeles Street Los Angeles, CA 90012 (213) 894-2850

Menlo Park - ESIC Room 3128, Building 3 (MS 532) 345 Middlefield Road Menlo Park, CA 94025 (415) 329-4390

Reston - ESIC 507 National Center Reston, VA 22092 (703) 860-6045

Rolla - ESIC 1400 Independence Road Rolla, MO 65401 (314) 341-0851

Salt Lake City - ESIC 8105 Federal Building 125 S. State Street Salt Lake City, UT 84138 (801) 524-5652 San Francisco – ESIC 504 Custom House 555 Battery Street San Francisco, CA 94111 (415) 556-5627

Spokane – ESIC 678 U.S. Courthouse W. 920 Riverside Avenue Spokane, WA 99201 (509) 456–2524

Stennis Space Center - ESIC Building 3101 Stennis Space Center, MS 39529 (601) 688-3544

Washington, D.C. – ESIC Department of the Interior Building 18th & C Streets, NW, Room 2650 Washington, D.C. 20240 (202) 343–8073

Item XVI - Facility Drawing:

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit on an 8 1/2" by 11" sheet of paper. This drawing should show the following:

- 1) The property boundaries of the facility;
- The areas occupied by all storage, treatment, or disposal operations that will be used during interim status;
- The name of each operation (Example multiple hearth incinerator, drum storage area, etc.);
- Areas of past storage, treatment, or disposal operations;
- 5) Areas of future storage, treatment, or disposal operations; and
- 6) The approximate dimensions of the property boundaries and all storage, treatment, and disposal areas. (Note: where applicable, use the process codes listed in Item XII to indicate the location of all storage, treatment, and disposal areas.

New facilities do not have to complete this item.

Item XVII - Photographs:

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, or disposing of hazardous waste; and all known sites of future storage, treatment, or disposal operations. Photographs may be color or black and white, ground-level or aerial. Indicate the date the photograph was taken on the back of each photograph. Use the process codes listed in Item XII to indicate the location of all storage, treatment, and disposal areas.

Item XVIII - Certification(s):

All facility owners must sign Item XVIII. If the facility will be operated by someone other than the owner, then the operator must also sign Item XVIII. Federal regulations require the certification to be signed as follows:

- A. For a corporation, by a principal executive officer at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.

The Resource Conservation and Recovery Act provides for severe penalties for submitting false information on this application form.

Section 3008(d) of the Resource Conservation and Recovery Act provides that "Any person who knowingly makes any false statement or representation in any application, ...shall, upon conviction be subject to a fine of not more than \$25,000 for each day of violation, or to imprisonment not to exceed one year, or both."

GLOSSARY

NOTE: This glossary includes terms used in the instructions and in the Part A Form. If you have any questions concerning the meaning of any of these terms, please contact your EPA Regional Office (see Table 1).

APPLICATION means the EPA standard national forms for applying for a permit, including any additions, revisions, or modifications to the forms; or forms approved by EPA for use in approved States, including any approved modifications or revisions. For RCRA, "application" also means "Application, Part B."

APPLICATION, PART A means that part of the Permit Application form which a RCRA permit applicant must complete to qualify for interim status under Section 3005(e) of RCRA and for consideration for a permit. Part A consists of a Hazardous Waste Permit Application.

APPLICATION, PART B means that part of the application which a RCRA permit applicant must complete to be issued a permit. (NOTE: EPA has not developed a specific form for Part B of the permit application, but guidance is available from EPA Regional offices.)

AUTHORIZED PROGRAM or AUTHORIZED STATE means a State program which has been approved or authorized by EPA under 40 CFR Part 271.

CONTAINER means any portable device in which a material is stored, transported, treated, disposed of, or otherwise handled.

DISPOSAL (in the RCRA program) means the discharge, deposit, injection, dumping, spilling, leaking, or placing of any hazardous waste into or on any land or water so that the hazardous waste or any constituent of it may enter the environment or be emitted into the air or discharged into any waters, including ground water.

DISPOSAL FACILITY means a facility or part of a facility at which hazardous waste is intentionally placed into or on land or water, and at which hazardous waste will remain after closure.

FACILITY means any installation which treats, stores, or disposes of hazardous waste.

GENERATOR means any person by site, whose act or process produces hazardous waste identified or listed in 40 CFR Part 261.

GROUNDWATER means water below the land surface in a zone of saturation.

HAZARDOUS WASTE means a hazardous waste as defined in 40 CFR Section 261.3.

IN OPERATION means a facility which is treating, storing, or disposing of hazardous waste.

INCINERATOR means an enclosed device using controlled flame combustion, the primary purpose of which is to thermally break down hazardous waste. Examples of incinerators are rotary kiln, fluidized bed, and liquid injection incinerators.

LANDFILL means a disposal facility or part of a facility where hazardous waste is placed in or on land and which is not a land treatment facility, a surface impoundment, or an injection well.

LAND TREATMENT FACILITY means a facility or part of a facility at which hazardous waste is applied onto or incorporated into the soil surfaces; such facilities are disposal facilities if the waste will remain after closure.

MUNICIPALITY means a city, village, town, borough, county, parish, district, association, Indian tribe or authorized Indian tribal organization, designated and approved management agency under Section 208 of the Clean Water Act, or any other public body created by or under State law and having jurisdiction over disposal of sewage, industrial wastes, or other wastes.

OFF-SITE means any site which is not "on-site."

ON-SITE means on the same or geographically contiguous property which may be divided by public or private right(s)-of-way, provided the entrance and exit between the properties is at a cross-roads intersection, and access is by crossing as opposed to going along, the right(s)-of-way. Non-contiguous properties owned by the same person, but connected by a right-of-way which the person controls and to which the public does not have access, is also considered on-site property.

OPERATOR means the person responsible for the overall operation of a facility.

OWNER means the person who owns a facility or part of a facility.

PERMIT means an authorization, license, or equivalent control document issued by EPA or an authorized State to implement the requirements of 40 CFR Part 270.

GLOSSARY (continued)

PHYSICAL CONSTRUCTION means excavation, movement of earth, erection of forms or structures, or similar activity to prepare a HWM facility to accept hazardous waste.

PILE means any noncontainerized accumulation of solid, nonflowing hazardous waste that is used for treatment or storage.

PROCESS TOTAL NUMBER OF UNITS means the number of units associated with a given process and capacity at the facility.

RCRA means the Solid Waste Disposal Act as amended by the Resource Conservation and Recovery Act of 1976 (Pub. L. 94–580, as amended by Pub. L.95–609, 42 U.S.C. Section 6901 et seq.).

STATE means any of the 50 States, the District of Columbia, Guam, the Commonwealth of Puerto Rico, the Virgin Islands, American Samoa, and the Commonwealth of the Northern Mariana Islands.

SURFACE IMPOUNDMENT or IMPOUNDMENT means a facility or part of a facility which is a natural topographic depression, manmade excavation, or diked area formed primarily of earthen materials (although it may be lined with manmade materials), which is designed to hold an accumulation of liquid wastes or wastes containing free liquids, and which is not an injection well. Examples of surface impoundments are holding, storage, settling, and aeration pits, ponds, and lagoons.

TANK means a stationary device, designed to contain an accumulation of hazardous waste which is constructed primarily of non-earthen materials (e.g.,wood, concrete, steel, plastic) which provide structural support. THERMAL TREATMENT means the treatment of hazardous waste in a device which uses elevated temperature as the primary means to change the chemical, physical, or biological character or composition of the hazardous waste. Examples of thermal treatment processes are incineration, molten salt, pyrolysis, calcination, wet air oxidation, and microwave discharge. (See also "incinerator").

TOTALLY ENCLOSED TREATMENT FACILITY means a facility for the treatment of hazardous waste which is directly connected to an industrial production process and which is constructed and operated in a manner which prevents the release of any hazardous waste or any constituent thereof into the environment during treatment. An example is a pipe in which waste acid is neutralized.

TRANSPORTER means a person engaged in the off-site transportation of hazardous waste by air, rail, highway, or water.

TREATMENT means any method, technique, or process, including neutralization, designed to change the physical, chemical, or biological character or composition of any hazardous waste so as to neutralize such waste, or so as to recover energy or material resources from the waste, or so as to render such waste non-hazardous, or less hazardous; safer to transport, store, or dispose of; or amenable for recovery, amenable for storage, or reduced in volume.

			, ž
			e .
e .			
•			